

**EDITORIAL BOARD MEMBERSHIP FORM**

Type of Membership: ONE YEAR / LIFETIME

(Please tick  appropriate)

NAME: Prof./Dr./Ms./Mr.....

QUALIFICATION.....

SPECIALIZATION.....

DESIGNATION.....

INSTITUTE/ORGANIZATION.....

DEPARTMENT.....

PRIMARY PHONE.....

SECONDARY PHONE.....Fax No.....

Email: 1 .....

2 .....

RESEARCH AREA:

1.....

2.....

3.....

PAPER PUBLISHED: INTERNATIONAL.....NATIONAL.....

CAN YOU REVIEW ARTICLES? YES / NO (Please tick  appropriate)

HOW MANY ARTICLES YOU CAN REVIEW IN A MONTH ? .....

**ADDRESS FOR CORRESPONDENCE**

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**DECLARATION**

I HEREBY DECLARE THAT ALL INFORMATION MADE IN THIS FORM ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE ALSO READ THE PROVISIONS OF THE RELEVANT RULES FOR JOINING THE IJRPS EDITORIAL BOARD.

**Date:**

**Signature**

